



Temple's Learning Depot
 5220 Old Highway II
 Hattiesburg, MS 39402
 (601) 450-3070

General Information Sheet 2020-2021

Turn in your completed registration form, 121 Health Form (shot record), and fee(s) to the Learning Depot staff Monday-Friday, 8:30-1:30.

- The Learning Depot opens for the fall on **Tuesday, August 18, 2020.**
- Parents are **REQUIRED** to attend a Parent Meeting at **9:15 a.m.** on **Tuesday, August 18th.**
- Early Bird and Lunch Bunch are available. There is one registration fee, of \$25 per child, plus an additional monthly cost. The tuition depends on the number of days weekly for which each child is registered. Drop-ins are possible with a paid registration fee and space availability for \$6 per day.
- Children's immunizations must be up to date with the "Certificate of Immunization Compliance" Form 121 completed by your child's physician or the Mississippi Health Department. **This form should be turned in with the Registration Form and kept current throughout the year.**
- Families with multiple children enrolled receive a \$20 family discount per month.
- September—April tuition are the full monthly rate, August and May are pro-rated tuition. Payment is due on the 1st of each month. There is a late fee of \$5 per day if paid after the 10th of each month.

Registration Fee per child and MS-121 Immunization Form (due with completed form)	\$75 (non-refundable)
Registration Fee for Early Bird and/or Lunch Bunch, per child (due with completed form)	\$25 (non-refundable)
Supply Fee per child (due in January 2021)	\$75

AGE (by Sept. 1, 2020)	DAYS	DAILY TIMES	MONTHLY COST (per child)
8 Weeks up to 24 Months	Tuesday & Thursday	9:00-1:00	\$140
8 Weeks up to 24 Months	Tuesday, Wednesday, Thursday	9:00-1:00	\$210
8 Weeks up to 24 Months	4 day option (Please specify days on form)	9:00-1:00	\$280
8 Weeks up to 24 Months	Monday-Friday	9:00-1:00	\$350
Twos (Pre-K)	Tuesday, Wednesday, Thursday	9:00-12:00	\$175
Twos (Pre-K)	Monday—Friday	9:00-12:00	\$250
** Threes (Pre-K)	Tuesday, Wednesday, Thursday	9:00-12:00	\$175
** Threes (Pre-K)	Monday—Friday	9:00-12:00	\$250
** Fours (Pre-K)	Monday—Friday	9:00-12:00	\$250
Early Bird	Available Monday—Friday as registered	8:00-9:00	\$6/day
Lunch Bunch (send a lunch with your child)	Available Monday—Friday as registered	12:00-1:00	\$6/day

**** MUST be potty-trained.**



Registration Form 2020-2021

1st Child: _____ / ____ / ____
 Full Name: (First) (Middle) (Last) Preferred Name M F Birth date
 Pertinent Allergies: ____ Yes ____ No

Please list Allergies: _____ Special requests/needs for your child
 Important medical or behavioral information to help your child be successful: _____

Circle: A (8 weeks-12 mos), B (13-18 mos), C (19-24 mos) (9:00-1:00)
 ____ 2 Day (Tues/Thur) ____ 3 Day (Tues/Wed/Thur) ____ 4 Day (specify) ____ 5 Day
 Circle: Pre-K 2 or Pre-K 3 (9:00-12:00) ____ 3 Day (Tues/Wed/Thur) ____ 5 Day Pre-K 4 (9:00-12:00) ____ 5 day only
 T-Shirt Size ____ XS (2-4) ____ S (6-8)
 Check the days below that you would like to register your child to attend Early Bird and/or Lunch Bunch:
 Early Bird (8:00-9:00) ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday
 Lunch Bunch (12:00-1:00) ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

2nd Child: _____ / ____ / ____
 Full Name: (First) (Middle) (Last) Preferred Name M F Birth date
 Pertinent Allergies: ____ Yes ____ No

Please list Allergies: _____ Special requests/needs for your child
 Important medical or behavioral information to help your child be successful: _____

Circle: A (8 weeks-12 mos), B (13-18 mos), C (19-24 mos) (9:00-1:00)
 ____ 2 Day (Tues/Thur) ____ 3 Day (Tues/Wed/Thur) ____ 4 Day (specify) ____ 5 Day
 Circle: Pre-K 2 or Pre-K 3 (9:00-12:00) ____ 3 Day (Tues/Wed/Thur) ____ 5 Day Pre-K 4 (9:00-12:00) ____ 5 day only
 T-Shirt Size ____ XS (2-4) ____ S (6-8)
 Check the days below that you would like to register your child to attend Early Bird and/or Lunch Bunch:
 Early Bird (8:00-9:00) ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday
 Lunch Bunch (12:00-1:00) ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Mom's First & Last Name: _____ Employer: _____
 Address: _____ City _____ Zip _____
 Cell #: _____ Work #: _____
 E-Mail Address: _____

Dad's First & Last Name: _____ Employer: _____
 Address: _____ City _____ Zip _____
 Cell #: _____ Work #: _____
 E-Mail Address: _____

# _____	Amt Pd. _____	Date Received _____	Completed Form _____	121 Form _____
Office _____	Fees _____	Class List _____	Sign-in Sheet _____	Spreadsheet _____
Start Date _____	Teacher _____			

General Information

Parent's Relationship to Each Other: Married Divorced Separated Single

Child lives with: Mother & Father Mother Father Other _____

Who will be the primary person to bring and/or pick up your child each day? _____

Contact #: _____

Who will be financially responsible for your child's tuition? _____

Every parent/caregiver must be accessible by phone in case of emergency while your child is in our care.

Pick Up Information

Persons, in addition to parents, to be called in case of illness/emergency. These people also have permission to pick up my child from the Learning Depot. At least one additional person (besides Mom or Dad) must be listed:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I understand the person picking up my child will be required to show a driver's license for my child's safety.
I will notify the Learning Depot Support Staff at 601-450-3072 each time another person is coming.

Parent's signature: _____ Date: _____

Newsletter Texting Information

Temple's Learning Depot sends out a weekly newsletter via text. Please list any cellular phone numbers that you want to receive the weekly newsletter:

1. _____ 2. _____ 3. _____

Church Information

Are you an active member (attend at least twice a month) of a local church? Yes No

Church your family attends: _____ City: _____

Would you like to be contacted by a pastor from Temple Baptist Church? Yes No

Are you interested in joining a Mom's group that meets for a time of inspiration and encouragement on the first Tuesday of every month? Yes No

Medical Release

In enrolling my child (children) in the Learning Depot Preschool at Temple Baptist Church of Hattiesburg, MS, I understand that Temple Baptist Church assumes no responsibility for sickness or injury which may occur while my child (children) is (are) in attendance at the Learning Depot. As a condition of enrollment of my child (children) in the Learning Depot, I hereby relieve and release Temple Baptist Church and its employees from any and all liability for injury or sickness which may occur for any cause while my (our) child (children) is (are) in this program. In order to meet all legal requirements, I hereby authorize a representative of Temple Baptist Church to give consent for any and all necessary medical care for my child (children) while in Temple Baptist Church's custody.

Parent's signature: _____ Date: _____

Registration Policy Agreement

I understand that completing this form does not guarantee my child a spot in Temple's Learning Depot, but every attempt will be made to accommodate my child. I agree to abide by all of Temple's **Learning Depot** policies. I understand the registration fees of \$75 per child and \$25 for Early Bird/Lunch Bunch, if applicable, will reserve my child's space for the year and is non-refundable unless a spot is unavailable. I understand that my child's tuition, including Early Bird and/or Lunch Bunch, is due in full regardless of my child's attendance. Also, a \$75 per child Supply Fee is due on January 1 of each year. Staff is employed according to the number of children enrolled each day. My registration is my financial commitment for the number of days indicated at the time of registration whether my child is present or absent. Tuition is due on the first day of the month and a \$5.00 per day late fee will be added to tuition paid after the 10th of the month.

Parent's signature: _____ Date: _____

Photography Permission

I do _____ do not _____ give permission for my child (children) to be photographed or videotaped at Temple Baptist Church's Learning Depot ministry.

Parent's signature: _____ Date: _____

Internet

The Learning Depot maintains a Face Book page. The website is <https://www.facebook.com/TemplesLearningDepot/>.

I do _____ do not _____ give permission for my child's (children's) photo(s) [with no name] to be posted on this site.

Parent's signature: _____ Date: _____

Handbook

Temple's Learning Depot will provide a handbook to each family at the required Parents' Meeting on Tuesday, August 18th. Temple's Learning Depot maintains liability insurance.

Parent's signature: _____ Date: _____